Maryland HealthChoice Waiver - Community Health Pilots
Frequently Asked Questions and Answers for the
Home Visiting Services Pilot
June 7, 2017

This document is a compilation of frequently asked questions (FAQs) and responses regarding the Maryland Department of Health and Mental Hygiene (DHMH) HealthChoice Waiver initiative: Home Visiting Services (HVS) Pilots. This document will continue to be updated over time.

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A. General FAQs

1. Overview, Timeline, and Contact Information

a. What are the Maryland HealthChoice Waiver Community Health Pilots?

DHMH Response: As part of the state of Maryland's HealthChoice §1115 Waiver, the Department of Health and Mental Hygiene (DHMH) is facilitating federal matching funds for two pilot programs: (1) Assistance in Community Integration Services (ACIS), for Medicaid enrollees who are high-risk, high-utilizing and either transitioning to the community from institutionalization or at high-risk of institutional placement; and (2) Home Visiting Services (HVS), which offers evidence-based home visiting to high-risk pregnant women and children up to age 2.

There is widespread evidence that socioeconomic factors significantly impact health outcomes. Social determinants of health have a particularly strong effect on vulnerable individuals, including the populations served under Maryland's Medicaid program. Coordinating health and social services and addressing social determinants of health through a "whole-person" strategy has shown promise as a way to enhance health outcomes and lower costs. The Pilots are opportunities for communities to be able to clearly demonstrate if, in fact, providing expanded

supportive services within certain high-risk and high-utilizing Medicaid populations in Maryland is a sustainable model that improves health outcomes and reduces healthcare costs among the target populations.

b. Is there a specific email address for Community Health Pilot questions and comments?

DHMH Response: Yes, you may direct your questions and comments to dhmh.healthchoicerenewal@maryland.gov

c. If we opt not to apply for Year 01 participation in the Community Health Pilots initiative, may we apply later instead?

DHMH Response: At this time, DHMH anticipates offering a second round RFA next year. This decision is contingent upon first year award selections and performance of HVS Pilots.

d. Where can I learn more about the content of the approved programs?

DHMH Response: Please refer to the DHMH Community Health Pilots website at https://mmcp.health.maryland.gov/Pages/HealthChoice-Community-Health-Pilots.aspx. Please also refer to the official websites of the approved evidence-based programs:

Health Families America (HFA)
Nurse Family Partnership (NFP)

e. What are the key deadlines for launching the Home Visiting Services (HVS) Pilot ?

DHMH Response: The anticipated timeline is as follows:

Deliverable/Activity	**Date**
Release Letter of Intent request for Community Health Pilots	May 10, 2017
Letters of Intent due from Lead Entities to DHMH	May 24, 2017
HVS Pilot Application Published by DHMH, FAQs released	June 7, 2017
HVS Pilot Application Process Webinar and Review of FAQs	June 21, 2017, 1:30pm-3pm
HVS Pilot Applications due to DHMH	July 21, 2017
Calls with applicants (clarification & modification discussions)	July 24-27, 2017

HVS Pilot Award Notifications (expected, pending final CMS approval)	August 28, 2017

2. Lead and Participating Entities

a. Who can apply to be a Lead Entity for the Pilots?

DHMH Response: DHMH will accept applications for the Pilots from Local Health Departments, Local Management Boards, a consortia of entities serving a county or region consisting of more than one county or city, a federally recognized tribe, or a tribal health program under a Public Law 93-638 contracted with the federal Indian Health Services. Applicants will act as the Lead Entities on the project. Lead Entities will need to participate in the financing of the non-federal portion of medical assistance expenditures. Each Lead Entity must be able to provide the non-federal share of payment through an intergovernmental transfer (IGT). Lead Entities will also serve a critical role in providing leadership and coordinating with key community partners to deliver the programs.

b. Are Departments of Aging, Social Services or Local Management Boards eligible to be Lead Entities?

DHMH Response: Each Lead Entity must be able to provide the non-federal share of payment through an intergovernmental transfer (IGT) and manage required fiscal and contractual reporting. Lead Entities will also serve a critical role in providing leadership and coordinating with key community partners to deliver the programs.

c. Could you be more specific as to what is meant by coordination with MCOs?

DHMH Response: A major goal for the Pilots is to increase coordination and provide appropriate access to care for the most vulnerable Medicaid beneficiaries. The Pilots are required to have key community partners (Participating Entities) participate in the Pilot. These Participating Entities may include organizations such as managed care organizations (MCO) and must have significant experience serving the target population within the participating geographic area.

Given the significant role that MCOs play in the care coordination role of Maryland Medicaid enrollees, DHMH requires Lead Entities to establish appropriate links and communications with MCOs in any proposed Pilot application. Therefore, Pilot applications will require a description of how care coordination is to be implemented, including the Participating Entity's responsibilities in relation to the Lead Entity and other Participating Entities, with a particular emphasis made to illustrate the coordinating role of the MCO.

For example, a Home Visiting Pilot Lead Entity could notify the Participating Entity MCO that it has begun providing home visiting services for a family covered by that MCO. The Lead Entity would then make certain that moving forward, there is a communication mechanism in place between the Lead Entity and the MCO. This would facilitate the continuous flow of communication in a bidirectional manner so that the Lead Entity and the MCO may consistently provide one another with any key updates regarding the family. Furthermore, this allows the Lead Entity and the MCO to align their respective approaches to increase efficiency and reduce duplication of services, while also promoting referrals and working to accomplish goals that would have been difficult to achieve otherwise.

d. Can you tell us more what you are contemplating in regards to coordination with Administrative Care Coordination Units?

DHMH Response: Lead Entities should include a description in their application as to how they will coordinate with ACCUs in the context of the HVS Pilot work.

e. Will funding be distributed as grant funding to Lead Entities?

DHMH Response: HVS Pilot funding differs from a typical grant funding process. Pilots must have a lead local governmental entity with the ability to fund fifty percent of total pilot costs through an intergovernmental transfer (IGT). Once DHMH receives the IGT from the local entity, the IGT will then be matched with federal dollars. This combined sum will then be disbursed to the Lead Entity to pay for home visiting services rendered. HVS Pilot programs will include performance measures, performance reporting, and an evaluation component.

f. Do you anticipate the Lead Entities having to provide an annual independent financial audit to verify the source of the local funding?

DMHM Response: All non-federal entities that expend $500,000 or more of federal awards in a year are required to obtain an annual audit in accordance with the Single Audit [1]Act Amendments of 1996 (pdf), OMB Circular A-133, the OMB Circular Compliance Supplement and Government Auditing Standards. A single audit is intended to provide a cost-effective audit for non-federal entities in that one audit is conducted in lieu of multiple audits of individual programs. Additionally, the Centers for Medicare and Medicaid Services (CMS) has program monitoring and reporting requirements for the HealthChoice §1115 Waiver as defined in the pilot Special Terms and Conditions. In turn, Pilots are required to report to DHMH accordingly. Each approved Pilot's reporting requirements will be comprehensively defined in its agreement with DHMH.

[1] https://www.whitehouse.gov/omb/financial_fin_single_audit

g. Will there need to be data use agreements (etc.) between the awardees, the MCOs, Hilltop and DHMH? Will these need to be in place prior to implementation?

DMHM Response: Yes. Final approval of any application will be subject to the Lead Entity's mandatory agreement to the forthcoming Inter-Agency Agreement and Data Use Agreements, which will govern the exchange and utilization of the data involved in the HVS Pilot.

h. Does the State expect a particular approach to referring individuals to these programs, or do the applicants have leeway to propose their own?

DMHM Response: In the HVS Request for Applications (RFA), DHMH asks the applicants to describe their proposed referral mechanism and process.

i. Will there be another chance for Lead Entities to apply for the Pilot program next year?

DMHM Response: At this time, DHMH anticipates offering a second round RFA next year. This decision is contingent upon first year award selections and performance of HVS Pilots.

j. Is a Home Health Agency considered a Lead or Participating Entity?

DMHM Response: A Home Health Agency would be considered a Participating Entity. A Lead Entity must be able to process an intergovernmental transfer.

k. Do only the Lead Entities complete the LOI?

DMHM Response: Yes, only the Lead Entities complete the Letter of Intent (LOI).

l. Can you provide an example of Lead Entities besides the Local Health Department?

DMHM Response: Besides Local Health Departments, other Lead Entities may be Local Management Boards, a consortia of entities serving a county or region consisting of more than one county or city, a federally recognized tribe, or a tribal health program under a Public Law 93-638 contracted with the federal Indian Health Services.

3. Finance

a. Can state grant dollars (that are not federal dollars) be used as a match for the IGT process?

DMHM Response: Funds used for the non-federal portion must be local tax dollars, local core funding dollars, or other non-federal philanthropic funding. There will be no state Medicaid contribution for the Pilot program.

b. What is the total funding available, and the annual funding available for the HVS Pilot?

DHMH Response: CMS granted DHMH a 5-year waiver. The HVS Pilots have an effective date of July 1, 2017, so the HVS Pilots will run over a 4.5 year period. For the HVS pilot, up to $2.7 million in matching federal funds are available annually. When combined with the local non-federal share, HVS Pilot expenditures may total up to $5.4 million annually.

c. What is the possibility of new funding after the 4.5 year pilot period? Will Pilots need a financial sustainability plan for the post-pilot years?

DHMH Response: Funding beyond this waiver renewal period is unknown. DHMH expects that applicants for the HVS Pilots to explain how the Pilot funding will align with their long term goals and address the needs of their target population through expanded service delivery. The HVS Pilot program evaluation will inform program decisions in the next waiver renewal application.

d. Can state core dollars be used as a match?

DHMH Response: Public health state core dollars may be contributed as the local match unless those core funds are currently used to provide the match for another federal program, such as Title V or Medicaid. The payments must not offset payment amounts otherwise payable by the local entity for beneficiaries or supplant provider payments from the local entities.

e. Can the local match be dollars that are used to fund existing staff (who would then be working within the new Evidence-Based Practice model and also help with start-up activities)?

DHMH Response: DHMH is facilitating this matching federal funding opportunity in response to local programs who have expressed the need for expansion of evidence-based services. Evidence-Based Home Visiting funding is intended to expand services, and funds are not available to build infrastructure, or address start-up costs, such as program licenses and training. Any additional services which are outside of the scope of NFP or HFA models may not be funded using Pilot award funds. Lead Entities may have other resources that could be used to build capacity to stand-up the program of their choice (NFP or HFA).

DHMH will not provide start-up funding for the HVS Pilot program. Lead Entities that anticipate initial cash-flow challenges have the option of requesting one quarterly prospective payment, which must be justified in the Budget narrative, and approved by DHMH. If Lead Entities propose to implement a brand new program using non-Pilot funds for start-up costs, and then use Pilot funds for home visiting service provision, then they may do so; however, Lead Entities must show this in their budget and describe in their budget narratives that Pilot funds are not being used for start-up costs.

f. Will DHMH be limiting the number of grant awards made (e.g. to two, three, four consortia)?

DHMH Response: DHMH is not putting limits on the award(s) to be made yet because DHMH does not yet know how many applicants will apply, the proposed funding amounts applicants will be able to provide as non-federal share, and other relevant information needed to make that determination.

g. Is the local match an In-Kind or Cash Match?

DHMH Response: The local matching funds must be a cash match.

4. Evaluation

a. Will DHMH contract with outside entities (e.g., local universities) to do Pilot program evaluation?

DHMH Response: DHMH expects that grantees will conduct self-monitoring and report their activities and performance. DHMH anticipates working with our evaluation partner, The Hilltop Institute at UMBC, and may engage other evaluation entities yet to be determined.

b. Will program data need to be input into "ETO" or other data system (like the DHMH MIECHV program), in addition to PIMS as required by HFA?

DHMH Response: DHMH expects that HVS Pilot awardees will have in place or contract for a Performance Management System with the capabilities for data collection, record keeping, data sharing, data analysis, reporting and demonstrating quality improvement in accordance with HVS Pilot reporting requirements, as outlined in the STCs: Attachment D, the RFA, and any subsequent DHMH guidance. The RFA asks HVS Pilot applicants to indicate which system(s) they are using. Medicaid and Public Health staff are collaborating to seek alignment opportunities with existing data systems and the HVS Pilot requirements.

B. FAQs Specific to Evidence-Based Home Visiting Services (HVS) Pilot Program

1. **Target Population**

a. Who would be eligible for home visiting services in this program?

DHMH Response: The intent of the HVS Pilot funding opportunity is to expand evidence-based home visiting services to Medicaid eligible high-risk pregnant women and children up to age 2. To participate in HVS Pilot, the recipient must be a Medicaid beneficiary. The HVS Pilot must align

with at least one of two evidence-based models that focus on the health of pregnant women and children up to age 2: Nurse Family Partnership (NFP) or Healthy Families America (HFA).

As provided in the HVS Pilot RFA, HVS Pilot applicants could establish primary or secondary target groups as a way to prioritize their highest risk population to engage in the pilot:

Primary Risk Factors	Secondary Risk Factors
● Adolescent ≤ 15 years ● Late Registration > 20 wks ● Abuse/Violence ● Alcohol/Drug Use (may target by substance) ● Less Than 1 year since last delivery ● History of fetal/infant death ● Non-compliance	● Disability (mental/Phys/develop) ● Less than 12th grade education or no GED ● Lack of social/emotional support ● Housing/environmental concerns ● Smoking/tobacco use

b. If the home visiting program is limited to Medicaid eligible groups, how will eligibility for undocumented postnatal women with Medicaid eligible children be determined?

DHMH Response: As outlined in the STCs: Attachment D, the target population for the HVS Pilots includes high-risk Medicaid beneficiaries. Undocumented pregnant women are ineligible to enroll in Medicaid, and services other than labor and delivery cannot be paid by Medicaid. They are, therefore, not eligible to participate in the HVS Pilot.

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) funding does not carry the same eligibility requirements and thus, does not exclude undocumented women. MIECHV funding may be used to initiate home visiting services for undocumented pregnant women, although not as part of this Pilot demonstration. DHMH will offer technical assistance to interested applicants during the funding application process to further clarify the kinds of services and programmatic enhancements for which Pilot funding may or may not be used, as well as to consider the options that best provide for continuity of care.

c. Will the LE and its chosen local partners be required to identify which specific Medicaid beneficiaries have received HVS funded through the community health pilot?

DHMH Response: Yes, either via a Medicaid ID # or the combination of the beneficiary's first and last name, birthdate and Social Security #.

d. Are Pilot payments limited to Medicaid beneficiaries (at initial enrollment and for the duration of their enrollment even if they lose Medicaid enrollment/eligibility)?

DHMH Response: Yes, Pilot payments are limited to Medicaid beneficiaries. When enrolling a pregnant mother into the HVS Pilot, the mother must already be enrolled in Medicaid. She is eligible for up to 60 days after she gives birth. If she loses Medicaid Eligibility, then you can look to the index child - the child being served. If that child is eligible for Medicaid, they can both continue in the program in that manner.

e. Can a family enroll after a pregnancy concluded if there are still children under the age of 2 in the family?

DHMH Response: HVS Pilot applicants must follow the program model's guidelines. For NFP, enrollment must occur before the 28th week of pregnancy. For HFA, enrollment must occur before the child turns 3 months old. A child must be enrolled by these cut-off points in order to receive services.

f. If beneficiaries are currently enrolled in an evidence-based home visiting program, such as HFA, can they begin to be part of the HVS Pilot project at the Pilot's implementation or do beneficiaries need to be newly enrolled once the HVS Pilot begins, in order to be part of the project?

DHMH Response: The HVS Pilot opportunity is intended to expand services to new clients who are Medicaid beneficiaries. The act of moving a currently enrolled HFA client to the newly expanded HVS Pilot program would be considered supplanting and is not allowable under Federal rules.

2. **Services**

a. What goals/outcomes/targets does DHMH expect for the home visiting pilots?

DHMH Response: The goals for the HVS Pilot are to improve health outcomes for targeted populations, community integration for at-risk Medicaid beneficiaries and reduce unnecessary/inappropriate utilization of emergency health services. Pilots will be required to report measures and outcomes.

b. Would work outside of the typical Healthy Families America (HFA) model have to be covered by another non-federal funding source? For example, for our Healthy Families - MIECHV program, the team consists of a support worker with a public health nurse. Under this funding, the grant would cover the HFA support worker, but would DHMH have to cover the public health nurse with non-federal funding?

DHMH Response: HVS Pilot funded services must align with at least one of two evidence-based models that focus on the health of pregnant women: Nurse Family Partnership (NFP) or Healthy Families America (HFA). DHMH is facilitating this matching federal funding opportunity in response to local programs who have expressed the need for expansion of evidence-based home visiting services. It also needs to be considered that "working" outside of the typical HFA or NFP may alter the ability to evaluate the fidelity of these models. Any additional services which are outside of the NFP or HFA models may not be funded using HVS Pilot award funds.

c. How can I get in touch with a HVS provider in my area, or find out about HVS activities/people in my jurisdiction, including those related to MIECHV?

DHMH Response: A list of currently HFA accredited programs by jurisdiction is available upon request at dhmh.healthchoicerenewal.@maryland.gov.

d. Is this an opportunity to enhance and expand upon home visiting services?

DHMH Response: Yes, this is an opportunity to both enhance and expand home visiting services (HVS). The eligible Lead Entity (LE) should assess recent past, current, and future local demand for home visiting services among eligible Medicaid beneficiaries, relative to presently available local resources to provide such services. In light of this needs assessment, the LE should evaluate to what extent the LE, in collaboration with its chosen local partners, will be able to use already existing funds from other sources to build out that program to provide HVS to high risk families. While these monies are only available to Medicaid enrollees, DHMH will want to ensure the Lead Entity is expanding its overall HVS program and not just shifting funds across populations.

e. Is there a list of LHDs that are planning to apply with which we might collaborate?

DHMH Response: We have received Letters of Intent to apply to the Home Visiting Services (HVS) Pilot from interested applicants. Since the HVS Pilot is being offered as a competitive funding opportunity, however, we are unable to supply the names of the interested entities at this time. In order to facilitate collaboration, however, we have included below the jurisdictions that currently operate a Health Families America (HFA) or NFP programs. We recommend that entities interested in collaborating may reach out to the Local Health Officer in the jurisdiction(s) of interest to assess interest.

Current Evidence-based Home Visiting Programs (HFA and NFP*) in Maryland by Jurisdiction

Jurisdiction	Agency	Current Status
Allegany	Health Department	Affiliated
Baltimore County	Health Department	Accredited
Baltimore City*	Family League	Accredited
Calvert County	Public Schools	Accredited
Charles County	Center for Children	Accredited
Dorchester	Health Department	Accredited
Frederick	Mental Health Association	Accredited
Garrett	Health Department	Accredited
Harford	Health Department	Affiliated
Howard	Howard General Hospital	Accredited
Lower Shore (Somerset)	Eastern Psych Association	Accredited
Mid Shore	Health Department	Accredited
Montgomery	Family Services	Accredited
Prince George's	Dept. Family Services	2 Sites Accredited; 1 site Affiliated
Washington	Health Department	Accredited
Wicomico	Health Department	Accredited

f. When you say not services otherwise covered, how might that work with developmental and maternal depression screening? Can those be part of a HVS bundled payment, per visit rate?

DHMH Response: CMS has been clear that each Lead Entity must define a per visit rate and this rate is intended to cover the provision of services. If the services are included as part of the model, they will be included in the rate as well. DHMH is not being prescriptive as to what the

rate should be but rather, the Lead Entities have the responsibility of developing this rate.

g. Is this similar to the Residential Services Agencies? How is it different?

DHMH Response: Residential Services Agencies are non-certified home support programs. They are not to be confused with home visiting services for high risk pregnant women and infants.

h. Dependent upon the identification for the need of this HVS for at risk mothers and children 2 and under, what happens next if HVS needs to continue? What would be currently identified via DHMH as the next step for the family?

DHMH Response: DHMH would expect the family to be transferred to another funding source that is not braided with Medicaid funding.

i. How will MCOs and LHDs know who are applying for the pilot?

DHMH Response: DHMH anticipates that once it has received the initial Letters of Intent, it will work with its Public Health partners and Local Health Officers to determine the best way to communicate with MCOs and respond to requests to collaborate.

j. What support will be offered to sites for data collection that are not MIECHV funded?

DHMH Response: At this time, sites that are not MIECHV funded which are using the HFA model for home visiting service delivery would use the PIMS system. Additional guidance is forthcoming regarding data collection and available systems.

k. Is care coordination considered a direct provision of service?

DHMH Response: Lead Entities should estimate the cost of engaging in care coordination and roll that cost up into the proposed payment rate for a unit of direct service. DHMH will then review the cost of care coordination during its review of the HVS Pilot application.

l. Please provide examples of other services that might be considered to be funded. For instance, would supportive services, such as nutrition counseling that fall outside of the HFA model but would potentially be important supportive services be funded?

DHMH Response: Funding for the evidence-based HVS Pilot will fund services not otherwise covered or directly reimbursed by Medicaid to improve care for the target population. For example, prenatal nutrition counseling is currently covered under the HealthChoice program.

The HVS Pilot could provide services within the designated evidence-based model, such as: (1) screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; (2) home visiting services; and (3) routine screening for child development and maternal depression. Pilots must offer one home visit per week for the first six months after a child's birth, and then tailor home visit frequency to families' needs over time. See STC 29: Attachment D for more detail on HVS Program parameters.

m. Will the data requirements for HVS payment be comparable to or different from the MIECHV data requirements?

DHMH Response: DHMH has made attempts to ensure that the data requirements for the HVS Pilot are comparable to those for the MIECHV program.

3. Finance

a. Given that federal funds are involved, do federal policies and procedures apply (like DHMH MIECHV)?

DHMH Response: Yes, federal policies and procedures around intergovernmental transfer apply, as do any outlined in STC 29: Attachment D.

b. Will the funding be limited to the counties currently using the evidence based home visiting programs?

DHMH Response: Lead Entity Applicants to the HVS pilot program may be any county that would like to participate, and can produce the local portion of funding for HVS service delivery. The intention of the HVS pilot is to expand HVS service delivery through HFA or NFP programs. This may be accomplished either through 1) expansion of existing county programs, or 2) if counties are able to leverage non-pilot funds for start-up costs of a new HFA or NFP program, then counties could use the pilot funds w/match to pay for HVS service delivery in the new program(s).

c. Can community health pilot funds be used to supplement or offset the cost of designing one of the evidence-based programs (i.e., Health Families America; Nurse Family Partnership)?

DHMH Response: No, funding available from other sources would need to be obtained and allocated to support the design of new HVS programs and to provide staff with needed pre-service or in-service education and training. For example, if the LE currently administers a Healthy Families America program, and aspires to add a Nurse Family Partnership (NFP) Program, the LE would need to obtain funds necessary to build out a NFP Program that achieves NFP accreditation standards. Funds accessible through the HVS Pilot initiative are not available for expenditures in support of program design and start-up.

d. Is it permissible to assign already existing staff to provide HVS to eligible Medicaid beneficiaries participating in the community health pilot waiver program?

DHMH Response: Yes, however, it is not permissible to "double dip." That is, whatever time and effort by specific personnel is allocable to this waiver-based initiative cannot be charged to other funding sources, or vice versa.

e. May the LE and its chosen partners leverage MIECHV funds in the context of this community health pilot initiative? If so, how?

DHMH Response: More detail is required to respond to this question. Questions concerning the allowability of specific scenarios for using and/or leveraging MIECHV funds in the HVS Pilot context may be directed to dhmh.healthchoicerenewal@maryland.gov.

f. Can the pilot funding be applied to existing Healthy Families America accredited programs? If so, can existing local funding for a HFA program be used to satisfy the match requirement for the HFA program, if the program enrollment is either expanded or not expanded under the proposal? In other words, is there a local funding supplantation prohibition?

DHMH Response: Yes, they should be applied to accredited HFA or NFP programs but these funds must be used to expand and provide for additional services, not to supplant existing services. Existing local funding can be used, as long as it is not from a federal source and meets the necessary requirements for an IGT.

g. Will we need to verify Medical Assistance monthly on the clients we are serving to assure Medical Assistance has not be canceled prior to submission for payment?

DHMH Response: Yes, Medicaid eligibility must be verified prior to any home visit. LHDs have access to the electronic verification system to be able to do this.

h. What length of time will there be between submitting request for payment and payment disbursement back to the program?

DHMH Response: At this time, DHMH cannot provide the exact length of the time that it will take for payment to be disbursed but does anticipate the turnaround to be as short as possible to ensure Lead and Participating Entities are paid in a timely manner.

i. Can modifications be made to the cost of project in the 2nd year of implementation? For example, if a site provides more reimbursable visits than initially estimated, can that be adjusted in the 2nd year?

DHMH Response: DHMH expects that there may be adjustments to the proposed project budget for year 2 based on year 1 experience, and also based on availability of Lead Entity funding. This will be reviewed as part of the annual report.

j. Can a portion of local funds be private, non-profit philanthropic dollars from a foundation?

DHMH Response: Yes, so long as the grant made is an unrestricted grant. In the case of a restricted grant, it depends on the terms of restriction that accompany the award.

k. If a program is being reimbursed by number of home visits what if we have family who is on Level X which we still need to engage families for approximately for three months and often no home visit occurred would programs still be reimbursed

DHMH Response: This is part of the HFA model to re-engage families and is part of the provision of services, so any work done in part of the re-engagement could potentially be reimbursed.

l. What kind of per visit rate are you expecting to see in the proposals?

DHMH Response: Please refer to the Special Terms and Conditions (STC) 29: Attachment D, as well as the HVS Pilot RFA for more detail on the per visit rate development.

As mentioned in the HVS Pilot RFA, DHMH recognizes that developing a per home visit rate may be challenging given that many existing evidenced-based Home Visiting programs are not currently structured using a per-visit unit cost. Following release of this RFA, additional individualized technical assistance will be offered to interested entities on home visiting rate development. HVS Pilot applicants should indicate interest in participating in this individualized technical assistance offering for rate development in their application's Budget Narrative.

A discussion of cost and rate development methodologies for Evidence-based HVS programs may be found in the Mathematica Policy Research study "Cost of Early Childhood Home Visiting: An Analysis of Programs Implemented in the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative." Additional resources that may be useful for HVS rate development will be posted on the DHMH website, and shared with interested entities as they become available.